



APPLICATION for HALF FARE CARD

If one of these applies then you are eligible for a Half Fare Card:

- You have a Medicare Card
- You are a veteran with a disability benefit of 50% or greater and/or receive VA non-service connected pension
- You have a permanent disability (or temporary disability of 90 days or longer) that requires personalized assistance, attention. or accommodation to use *The Bus!* (see page 2)

IMPORTANT: If you are age 65 or better, you qualify for free fare via the Honored Rider Program. Please make sure to get an application.

GENERAL CONTACT INFORMATION – Must be completed by all applicants

Name: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____

Phone: _____ Date of Birth: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Relationship to Applicant: _____ Phone #: _____

- I understand that my Half Fare Card will entitle me to use LTD at half the cost of the regular fare. I agree to use the card in accordance with the guidelines set by Lane Transit District for the Half Fare Program and understand that allowing another person to use the card is fraudulent.
- Although I may have paid a \$3.00 fee for the use of the card, I understand it remains the property of Lane Transit District and may be retrieved upon expiration or for misuse.
- If I move to a new address, I must notify LTD within thirty (30) days.
- I hereby certify that all the statements made in this application are true representations of my eligibility to participate in LTD's Half Fare Program.

Required Signature

* All applications must be signed.

Date

12/01/2015

Indicate which of these features you need in order to use *The Bus!*:

Required: Check all that apply

1. ☐ Wheelchair Lift or Ramp: Condition requires use of wheelchair or three-wheel scooter for transportation. Ramp or lift is required in order to get on and off of *The Bus!*
2. ☐ Stop Announcements: Due to visual or other impairments, announced stops are needed in order to use *The Bus!*
3. ☐ Braille Signage: Due to visual or other impairments, Braille signage is needed in order to use *The Bus!*
4. ☐ Kneeling feature: Condition requires use of a cane, walker, or crutches for mobility, and because travel is difficult, slow, or compromised, the “kneeling” function is needed in order to use *The Bus!*
5. ☐ Preferred Seating: Because mobility is difficult, slow, or compromised, the use of seats closest to the bus entry is needed to use *The Bus!*
6. ☐ Individualized Attention and Service from Operator: Limited mobility (motor impairment) requires extra planning and/or assistance to use *The Bus!* Activities of daily living are restricted. (For example, this could be due to compromised respiratory or heart function, chronic pain, or nerve injury.) Or use of *The Bus!* is seriously inhibited due to psychiatric, mental, or emotional disorders which impair ability to fully engage in community life. Require some bus operator attention or involvement in excess of that provided to other riders.
7. ☐ Transit Training: Condition requires specific training and planning to use *The Bus!* that is more extensive than basic orientation. Requires skill building and practice to be able to negotiate the transit system independently, use a schedule, and learn routes. May require assistance from a bus operator to locate stops and/or provide cues or reminders. Cognitive and functional abilities necessitate individualized training plan or methods.
8. ☐ Transit Hosts: Condition requires an individualized training plan and assistance from LTD Transit Hosts in order to use *The Bus!*
9. ☐ Attendant Needed: Condition requires that an attendant accompany applicant when accessing *The Bus!*
10. ☐ Other, please specify: _____

To verify eligibility for a Half Fare Card you must present **photo identification** with:

1. One of the Proofs of Eligibility listed below
2. Complete the Disability Verification section (on page 2) and you may be asked to participate in a brief in-person interview with an LTD Representative

Proof of Eligibility – Provide verification (such as a card or authorization letter) that shows that you are eligible for or receive services under one of the following:

- ☐ Medicare Card
- ☐ Supplemental Security Income (SSI) disability benefits*
- ☐ Social Security Disability (SSD) benefits*
- ☐ Veteran's Administration benefits at 50% or greater disability
- ☐ Veteran's Administration non-service connected pension
- ☐ Lane County Developmental Disabilities
- ☐ Lane County Mental Health
- ☐ Vocational Rehabilitation

* Must show

OR

Disability Verification – Without one of the “proofs of eligibility” listed above, you must complete this section and participate in an in-person interview.

- ☐ **I understand that eligibility for the Half Fare Card is based on disability and not on income.**
- ☐ **I certify that I have a disability that requires specialized facilities, planning or design to utilize LTD's transportation services as effectively as persons who are not so affected.**

My disability is:

- ☐ Permanent – lifetime disability
- ☐ Temporary – short-term disability for an estimated _____ months

**PLEASE BRING THIS COMPLETED APPLICATION
AND \$3.00 TO LTD'S CUSTOMER SERVICE CENTER
1080 WILLAMETTE STREET – AT THE EUGENE STATION
THANK YOU.**

LTD USE ONLY – Half Fare Card

Proof of Age Presented:

- ☐ Driver's License
☐ Passport
☐ State ID
☐ Other: _____

Mobility Assistance: Check all that apply.

- | | |
|--|---|
| 1. <input type="checkbox"/> Wheelchair Lift or Ramp | <input type="checkbox"/> Securement Marking |
| 2. <input type="checkbox"/> Stop Announcements | <input type="checkbox"/> Securement Loops |
| 3. <input type="checkbox"/> Braille Signage | |
| 4. <input type="checkbox"/> Kneeling Feature | |
| 5. <input type="checkbox"/> Preferred Seating | |
| 6. <input type="checkbox"/> Individual Attention from Operator | |
| 7. <input type="checkbox"/> Transit Training | |
| 8. <input type="checkbox"/> Transit Hosts | |
| 9. <input type="checkbox"/> Attendant Needed | |
| 10. <input type="checkbox"/> Other (specify) _____ | |

☐ Application Approved

☐ Application Denied

Comments: _____

(Signature of LTD Reviewer)

(Date)

(Printed Name)